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Bib Data Sheet

CONFIRMATION NO. 2880

SERIAL NUMBER 09/552,292	FILING DATE 04/19/2000 RULE	CLASS 717	GROUP ART UNIT 2122	ATTORNEY DOCKET NO. 5847/14
APPLICANTS Arch D. Robison, Champaign, IL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY IL	SHEETS DRAWING 25	TOTAL CLAIMS 9
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS 757				
TITLE Data-flow method for optimizing exception-handling instructions in programs				
FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/552,292	FILING DATE 04/19/2000 RULE -	CLASS 717	GROUP ART UNIT 2762	ATTORNEY DOCKET NO. 5847/14
APPLICANTS Arch D. Robison, Champaign, IL ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY IL	SHEETS DRAWING 25	TOTAL CLAIMS 9
			INDEPENDENT CLAIMS 3	
ADDRESS Jonathan E Retsky Brinks Hofer Gilson & Lione P O Box 10395 Chicago ,IL 60610				
TITLE Data-flow method for optimizing exception-handling instructions in programs				
FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	